

Complete Form, Print, Sign and Mail to:
Public Service Commission of South Carolina
101 Executive Center Dr., Suite 100
Columbia, SC 29210



Phone: 803-896-5191

Fax: 803-896-5192

www.psc.sc.gov

Text PSCAGENDAS to 3949

To receive an alert when Meeting Agendas are released

Individual Complaint Form

Date*: 12/22/2021

Complainant or Legal Representative Information:

* Required Fields

Name * F. Elliott Quinn IV

Firm (if applicable) The Steinberg Law Firm, LLP

Mailing Address * P.O. Box 2670

City, State Zip * Summerville SC 29484

Phone * [REDACTED]

E-mail equinn@steinberglawfirm.com; mcorrea@steinberglawfirm.com

Name of Utility Involved in Complaint: * Strata Audubon, LLC & Strata Veridian, LLC (see attached Complaint)

Type of Complaint (check appropriate box below.) *

- | | | | |
|--------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Billing Error/Adjustments | <input type="checkbox"/> Deposits and Credit Establishment | <input type="checkbox"/> Wrong Rate | <input type="checkbox"/> Refusal to Connect Service |
| <input type="checkbox"/> Disconnection of Service | <input type="checkbox"/> Payment Arrangements | <input type="checkbox"/> Water Quality | <input type="checkbox"/> Line Extension Issue |
| <input type="checkbox"/> Service Issue | <input type="checkbox"/> Meter Issue | | |
| <input checked="" type="checkbox"/> Other (be specific) See attached Complaint | | | |

Have you contacted the Office of Regulatory Staff (ORS)? * ☒ Yes ☐ No

Name of ORS Contact: Andrew Bateman

Concise Statement of Facts/Complaint: * (This section must be completed. Attach additional information to this page if necessary.)

See attached Complaint

Relief Requested: * (This section must be completed. Attach additional information to this page if necessary.)

See attached Complaint

I UNDERSTAND AND AGREE THAT THE INFORMATION GIVEN ON THIS FORM IS PUBLIC INFORMATION THAT WILL BE PUBLISHED ON THE COMMISSION'S WEBSITE (dms.psc.gov), AND I UNDERSTAND SUCH INFORMATION MAY BE SUBJECT TO PUBLIC SCRUTINY OR FURTHER RELEASE.

Complainant's Signature* (MUST BE SIGNED, DO NOT PRINT)

STATE OF SOUTH CAROLINA)
COUNTY OF Gwinnett)

VERIFICATION

I, Alvaro Samirienko
Complainant's Name *

verify that I have read my complaint filed on 2-4-22
Date *

and know the contents thereof, and that said contents are true.

Complainant's Signature * (MUST BE SIGNED, DO NOT PRINT)

Internal Use Only

Processed By	Date
H.E.	

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Columbia, SC 29210



Phone: 803-896-5100

Fax: 803-896-5199

www.psc.sc.gov

Text PSCAGENDAS to 39492

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Individual Complaint Form

Date*: 12/22/2021

Complainant or Legal Representative Information: * Required Fields

Name * F. Elliotte Quinn IV
Firm (if applicable) The Steinberg Law Firm, LLP
Mailing Address * P.O. Box 2670
City, State Zip * Summerville SC 29484 Phone * [REDACTED]
E-mail equinn@steinberglawfirm.com; mcorrea@steinberglawfirm.com

Name of Utility Involved in Complaint: * Strata Audubon, LLC & Strata Veridian, LLC (see attached Complaint)

Type of Complaint (check appropriate box below.) *

- ☐ Billing Error/Adjustments ☐ Deposits and Credit Establishment ☐ Wrong Rate ☐ Refusal to Connect Service
☐ Disconnection of Service ☐ Payment Arrangements ☐ Water Quality ☐ Line Extension Issue
☐ Service Issue ☐ Meter Issue
☒ Other (be specific) See attached Complaint

Have you contacted the Office of Regulatory Staff (ORS)? * ☒ Yes ☐ No Name of ORS Contact: Andrew Bateman

Concise Statement of Facts/Complaint: * (This section must be completed. Attach additional information to this page if necessary.)

See attached Complaint

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Mark Shinn
Complainant's Signature* (MUST BE SIGNED, DO NOT PRINT)

STATE OF SOUTH CAROLINA)
COUNTY OF Greenville)

VERIFICATION

I, Mark Shinn
Complainant's Name *

verify that I have read my complaint filed on 25 Jan 22
Date *

and know the contents thereof, and that said contents are true.

Mark Shinn
Complainant's Signature* (MUST BE SIGNED, DO NOT PRINT)

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H.E.	

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Columbia, SC 29210



Phone: 803-896-5100

Fax: 803-896-5190

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Text PSCAGENDAS to 3949

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Individual Complaint Form

Date*: 12/22/2021

Complainant or Legal Representative Information: * Required Fields

Name * F. Elliott Quinn IV
Firm (if applicable) The Steinberg Law Firm, LLP
Mailing Address * P.O. Box 2670
City, State Zip * Summerville SC 29484 Phone * [REDACTED]
E-mail equinn@steinberglawfirm.com; mcorrea@steinberglawfirm.com
Name of Utility Involved in Complaint: * Strata Audubon, LLC & Strata Veridian, LLC (see attached Complaint)

Type of Complaint (check appropriate box below.) *

☐ Billing Error/Adjustments ☐ Deposits and Credit Establishment ☐ Wrong Rate ☐ Refusal to Connect Service
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☐ Service Issue ☐ Meter Issue
☒ Other (be specific) See attached Complaint

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See attached Complaint

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Complainant's Signature* (MUST BE SIGNED, DO NOT PRINT)

STATE OF SOUTH CAROLINA)
COUNTY OF)

VERIFICATION

I, Sarah Zito, Complainant's Name * verify that I have read my complaint filed on Date *

and know the contents thereof, and that said contents are true.

Complainant's Signature * (MUST BE SIGNED, DO NOT PRINT)

Internal Use Only

Processed By	Date
H.E.	

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101 Executive Center Dr., Suite 100
Columbia, SC 29210



Phone: 803-696-5171
Fax: 803-896-5171
www.psc.sc.gov
Text: PSCAGENDAS to 3394

Individual Complaint Form

Complainant's Name (Print Name): _____

Phone: _____

Home Email Address: _____

Work Email Address: _____

City, State, Zip: _____

Complainant's Address: _____

Complainant's Business (Print Name): Strata Audubon, LLC & Strata Verdian, LLC (see attached Complaint)

Complainant's Business Address: _____

Complainant's Business Phone: _____

Complainant's Business Email: _____

Complainant's Business Website: _____

Complainant's Business Description: _____

Complainant's Business Description (continued): _____

Complainant's Business Description (continued): _____

Complainant's Business Description (continued): _____

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Signature of Complainant: _____

Signature of Complainant (continued): _____

Signature of Complainant (continued): _____

Signature of Complainant (continued): _____

Signature of Complainant (continued): _____

Signature of Complainant (continued): _____

Signature of Complainant (continued): _____

Signature of Complainant (continued): _____

Signature of Complainant (continued): _____

Signature of Complainant (continued): _____

Daniel Bermudez

1/31/22

Signature of Complainant (continued): _____

Signature of Complainant (continued): _____

Signature of Complainant (continued): _____

Signature of Complainant (continued): _____

Signature of Complainant (continued): _____